

Owner Signature

## **Application for Permitting**

## Improvement / Civil Plans

Date

## Complete this application on-line at <a href="https://www.ScottsdaleAZ.gov/OneStopShop">www.ScottsdaleAZ.gov/OneStopShop</a>. Project Name: Associated Case(s): Project Location: Subdivision Name: Parcel Number(s): \_\_\_\_\_ Zoning District(s): \_\_\_ Quarter Section(s): ESLO Landform(s): Flood Zone(s): Project Description: Project Type: (Check all that apply) ☐ Grading □ Water ☐ Sewer ☐ Paving ☐ Concrete □ Utilities ☐ Drainage ☐ Landscaping/Misc The property owner shall designate an agent as the applicant for the project. PLANS WILL ONLY BE RELEASED TO PERSON LISTED AS THE APPLICANT CONTACT BELOW. Owner Contact: Developer Contact: \_\_\_\_\_ Company: \_\_\_\_ Company: \_\_\_ \_\_\_\_\_ Fax: \_\_\_\_\_ \_\_\_\_\_ Fax: \_\_\_\_ Phone: Address: \_\_ Address: \_\_\_ Architect Contact: Engineer Contact: Company: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_ \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_ E-mail: \_ Address: \_ Address: Applicant Contact: \_\_\_ Company: \_\_\_ \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Address: I (the undersigned) understand and agree that the issuance of the permit for which I am applying does not relieve me of the responsibility that this work will be done in conformity with the laws of the City of Scottsdale, Maricopa County and the State of Arizona. I further agree that the Scottsdale Inspections Division has the authority to enforce adopted building codes and appropriate State, County and City laws and regulations not indicated on the construction documents. I acknowledge that this application will expire 180 days after the last plan submittal.

## **Planning and Development Services Department**

Applicant Signature

Date

7447 E Indian School Road, Suite 100, Scottsdale, AZ 85251 + Phone: 480-312-2500 + Fax: 480-312-7088